

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EARL INGELS
362-813
WARREN CORR. INST.
P.O. BOX 120
LEBANON, OH 45036

2. Article Number

(Transfer from service label)

7001 2510 0008 6349 7423

A. Signature

X

K. Kaufman

☒ Agent☐ Addressee

B. Received by (Printed Name)

K. Kaufman

C. Date of Delivery

1/25/07

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540